

APPLICATION FORM PROVINCIAL ASSEMBLY OF THE PUNJAB

TAG # (For Official use)

(341)

Applying For Head Bearer BS-07

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|---|-------------------------------|--------|-----------------|----------|----------------------|--------------|--------|-----------|------------------|--------------------|------------------|------|------------------------------|------------|---------------------------|----------------------|---------------|---------------|----------------------|
| District: | ☐ Chakwal | | ☐ Chiniot | | | ☐ D.G.khan | | | ☐ Faisalabad | | | 11 | Passport size Recent | | | | | | |
| | ☐ Gujranwala | | ☐ Gujrat | | | ☐ Hafiz Abad | | | ☐ Jhang | | | 11 | Photograph Affix with | | with | | | | |
| | ☐ Jhelu | | | □ k | (asur | | | Khar | newal | | | | Khusha |) | | Gun | n (Lat | est By | 16 |
| | ☐ Layya | ah | | | odhrai | <u> </u> | | ☐ Mar | ndi Ba | ha ud | din | | Lahore | | 1 | | mont | ths) | |
| | ☐ Mult | | | | Muzaffa | | 1 | □ Nan | | | | _ | Mianwa | ali | 1 | | وير اس | کی نصہ | |
| | ☐ Okar | а | | □ F | Pakpatt | an | 1 | □ Rah | im ya | r khan | | | Narowa | ıl | | ں ہے | ضروري | ل بونا ه | مير |
| | ☐ Rawa | • | li | | Sahiwa | | | ☐ Sarg | godha | | | | Rajanpı | ır | | | | | |
| | ☐ Sialk | | | | Гoba te | k Sing | gh | ☐ She | ikhup | ura | | | Vehari | | | | | | |
| 1. Personal I | nforma | tion | (In B | lock L | etters) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Note: Ti | | One Ci | | | _ |
| Name (in Full) |): | | | | | | | | | | | | | Religior | า: | | \bigcirc I | Muslim | ○ Non- Muslim |
| Father's Name | e: | | | | | | | | | | | | | | | | | | Widshiii |
| CNIC/B-Form: | | | | | | | | | | | | | | | ı Disable | ? | | Yes | ○ No |
| Age: | Date | e of B | irth (| D-M-\ | () —— | | | Marita | l Stati | us: | | | | Gender | | | | Male | Female |
| Postal address | | | | | | | | | | | | | | Only For F | | Of Armed F | orces of | | ○ No |
| | | | | | | | | | | | | | _ | | ed Serva I Civil Serva | ant: ant Wife, S | _ | Yes ughter | ○No |
| Phone #: | | (| Cell # | : | | | | | | (Do not Convert | | | | Govern | ment Se | ervant: | 0 | Yes | ○No |
| | | | | | | | | | | 00 | | | | Schedu | led Cast | :/Buddh | ist: 🔘 | Yes | ○ No |
| | | | | | | | | | | | | | | | | | | | • |
| 2. Academic Information (Note: In case of incomplete academic information, Your Application will be declined.) | | | | | | | | | | | | | | | | | | | |
| 2. Academic Ir | nformati | on (1 | Vote | : In ca | ase of i | incon | nplet | e aca | demi | c info | rmat | ion, | Your Ar | plication | on will | l be de | clinec | d.) | |
| 2. Academic In Certificate/Deg | | on (1 | | : In Ca | | incon | • | e acad | | Y | rmat ear of | ion, | Your Ap Marks Obtained | Total | on will I Marks | be de | | _ | ution Name |
| | | on (1 | | | | incon | • | | | Y | ear of | ion, | Marks | Total | | Grade/ | | _ | ution Name |
| Certificate/Deg | | on (1 | | | | incon | • | | | Y | ear of | ion, | Marks | Total | | Grade/ | | _ | ution Name |
| Primary SSC (10 years) HSSC / DAE / A- | gree | on (1 | | | | incon | • | | | Y | ear of | ion, | Marks | Total | | Grade/ | | _ | ution Name |
| Primary SSC (10 years) | ree -Level | on (1 | | | | incon | • | | | Y | ear of | ion, | Marks | Total | | Grade/ | | _ | ution Name |
| Primary SSC (10 years) HSSC / DAE / A- (12 / 13 years) Bachelor (14 ye Bachelor(Hons) | Level cars) //Master | on (1 | | | | incon | • | | | Y | ear of | ion, | Marks | Total | | Grade/ | | _ | ution Name |
| Primary SSC (10 years) HSSC / DAE / A- (12 / 13 years) Bachelor (14 years) | Level cars) //Master | on (1 | | | | incon | • | | | Y | ear of | ion, | Marks | Total | | Grade/ | | _ | ution Name |
| Primary SSC (10 years) HSSC / DAE / A- (12 / 13 years) Bachelor (14 ye Bachelor(Hons) (16 years) MS / M.Phil. (1 | Level ears))/Master 8 years) | on (1 | | | | incon | • | | | Y | ear of | ion, | Marks | Total | | Grade/ | | _ | ution Name |
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| Primary SSC (10 years) HSSC / DAE / A- (12 / 13 years) Bachelor (14 ye Bachelor(Hons) (16 years) MS / M.Phil. (15) Other (Diploma Certificate) 3. Employme | Level ears))/Master 8 years) | mat | De _i | gree Tit | icable) (N | Note. If | Ma | ed More | ects e Rows | Y Pr | ear of assing | | Marks Obtained | Total | I Marks | Grade/ Percent | tage | Institu | on Form.) |
| Primary SSC (10 years) HSSC / DAE / A- (12 / 13 years) Bachelor (14 ye Bachelor(Hons) (16 years) MS / M.Phil. (10) Certificate) | Level ears))/Master 8 years) | mat | De _i | gree Tit | ile | Note. If | Ma | ed More | ects | Y Pr | ear of assing | | Marks Obtained | Total | I Marks | Grade/ Percent | tage | Institu | |
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| 4. Undertaking by Applicant | | | | | | | |
|---|-------------------------------|--|-------------|--|--|--|--|
| Id/s/w of | | | solemnly | | | | |
| affirm that I have read and understood the conditions for applying in the above mentioned Post and that I have filled | | | | | | | |
| the form as per instructions given above and in the estable to disciplinary action which may result | | | e untrue, I | | | | |
| Signature & Date: | Thumb Impression (Left Hand): | | | | | | |

Document Check list:

Tick if Attached / selected:

- ☐ Photograph is Attached
- ☐ CNIC Copy is Attached on the back side of Application Form
 - Original bank Deposit Slip Copy is Attached on the back side of Application Form
- ☐ Academic Documents

Instructions:

- ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY.
- Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 285/- must be attached with application form.
- In case of more than one apply use separate application form along with original deposit slip.
- Application must reach OTS office latest by last date of submission of application form.
- OTS will not be responsible for late receiving of application through courier / Pakistan post etc.
- Attach your recent photograph (Latest by 6 Months), CNIC copy with this application form.
- Without Signature & Thumb impression, your application form will not be entertained.
- Without photograph your application form will not be entertained.
- In-complete forms will not be entertained. (All the fields are mandatory / Required)
- In Person/By hand submission of Application form is not allowed.
- Mobile phones or other electronic gadgets are not allowed in test center premises.

Cut Address box given below and affix it with gum on the envelope.

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Send Registration Form to:

Manager Operation (OTS),
Open Testing Service (OTS),
Office No 01, Central Avenue,
Phase 6, Bahria Town, Islamabad

Help Line: 051-111 687 222 Email: info@ots.org.pk, Website: www.ots.org.pk

Open Testing Service

OTS Copy

| | 3 | < | |
|--|--|---|--|
| Branch Code: | Date:// | Branch Code: | Date:// |
| Branch Name: | | Branch Name: | |
| - | NLINE DEPOSIT SLIP osit in only one bank & tick the relevant Bank | | NLINE DEPOSIT SLIP set in only one bank & tick the relevant Bank |
| HBL MINIS | Habib Bank Limited | HBL MARIBAN | Habib Bank Limited |
| Remote Branch: | Habib Bank Limited, PWD Branch (2328) | Remote Branch: | Habib Bank Limited, PWD Branch (2328) |
| Account Title: | Open Testing Service | Account Title: | Open Testing Service |
| Account Number: | 23287106336103 | Account Number: | 23287106336103 |
| Amount in Figures: | Rs. 285 | Amount in Figures: | Rs. 285 |
| Amount in Words: | Two Hundred eighty Five | Amount in Words: | Two Hundred eighty Five |
| Note: Bank Service C | harges Free of Cost | Note: Bank Service C | harges Free of Cost |
| | | | |
| A Bank Alfalah | Bank Alfalah Limited | A Bank Alfalah | Bank Alfalah Limited |
| Remote Branch: | Bank Alfalah, PWD Branch (0335) | Remote Branch: | Bank Alfalah, PWD Branch (0335) |
| Account Title: | Open Testing Service | Account Title: | Open Testing Service |
| Account Number: | 0335001004927667 | Account Number: | 0335001004927667 |
| Amount in Figures: | Rs. 285 | Amount in Figures: | Rs. 285 |
| Amount in Words: | Two Hundred eighty Five | Amount in Words | Two Hundred eighty Five |
| Note: Bank Service C | harges Free of Cost | Note: Bank Service C | harges Free of Cost |
| | | | A CONTRACTOR OF THE CONTRACTOR |
| Allied Bank | Allied Bank Limited | Allied Bank | Allied Bank Limited |
| Remote Branch: | ABL Islamic Banking, PWD Branch (5133) | Remote Branch: | ABL Islamic Banking, PWD Branch (5133) |
| Account Title: | Open Testing Service | Account Title: | Open Testing Service |
| Account Number: | 0020050208060021 | Account Number: | 0020050208060021 |
| Amount in Figures: | Rs. 300 | Amount in Figures: | Rs. 300 |
| Amount in Words: | Three Hundred | Amount in Words: | Three Hundred |
| Note: Inclusive of Bar | nk Service Charges | Note: Inclusive of Ban | k Service Charges |
| Application Form will not be FBP Endomement is require Deposit if in any online coun Cash should always be dep recept printed through faith the counter, please be suit | ook slip. enterfained without Original Deposit 6kp. enterfained other than against cash payment, d on both the Deposit Slip. | Application Form will not be: FBP Endonsement is require Deposit it in any online count Cash should always be deposed by printed through father the counter, please be sure | nit stip. mitertained without Original Deposit Bip. entertained other than against cash payment, d on both the Deposit Stip. |
| Applicant Name: | | Applicant Name: | |
| Applicant Father I | Name: | Applicant Father N | Name: |
| CNIC No. / Form | B No.: | CNIC No. / Form I | B No.: |
| Applied For: | | Applied For: | |

Open Testing Service
Innovation in Training & Assessment

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